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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/696,303	
	Filing Date	10/28/2003	
	First Named Inventor	David R. Meester	
	Art Unit	3611	
	Examiner Name	Gary C. Hoge	
Total Number of Pages in This Submission	5	Attorney Docket Number	1221.3

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form PTOL 85 <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/122 PTO/SB/47 RETURN POSTCARD
Remarks The two forms being submitted with the PTOL-85 Fee Transmittal form are supplemental to the Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address form previously submitted with the replacement drawings and received by the USPTO on June 10, 2004.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	SUMMA & ALLAN, P.A.	
Signature		
Date	June 23, 2004	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Patricia P. Summers	
Signature		Date June 23, 2004

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